## BEST AVAILABLE CUPT

| PATENT APPLICATION FEE DETERMINATION RECO                    |  |                 |                                   |             |      |  |                  |  | Application or Docket Number $\frac{\partial 9}{\partial 3323}$ |     |                        |     |                     |                        |
|--|--|-----------------|-----------------------------------|-------------|------|--|------------------|--|---|-----|------------------------|-----|---------------------|------------------------|
|  |  |                 |                                   |             |      |  |                  |  |   |     |                        |     |                     |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)               |  |                 |                                   |             |      |  |                  |  |   |     | ENTITY<br>2            | OR  | OTHER<br>SMALL      |                        |
| FOR  |  |                 | NUMBER FILED                      |             |      | NUMBER EXTRA                               |                  |  | RAT   | E   | FEE                    | ] [ | RATE                | FEE                    |
| BASIC FEE  |  |                 |                                   |             |      |  |                  |  |   |     | 380.00                 | OR  |                     | 760.00                 |
| TOTAL CLAIMS   |  |                 | 22 minus 20=                      |             |      | • 2  |                  |  | x\$ 9= /8   |     | 18                     | OR  | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |                 | <i>3</i> minus 3 =                |             |      | •  |                  |  | X39=  |     |                        | OR  | X78=                |                        |
| MU   | MULTIPLE DEPENDENT CLAIM PRESENT   |                 |                                   |             |      |  |                  |  |   | )=  |                        | OR  | +260=               |                        |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2 |                 |                                   |             |      |  |                  |  |   | /L  | 398                    | OR  | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |                 |                                   |             |      |  |                  |  |   | ,   | NTITY                  | OR  | OTHER<br>SMALL      |                        |
| ENTA   |  | CL<br>REM<br>AI | AIMS<br>IAINING<br>FTER<br>NDMENT |             | PF   | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  | RATI  | Ε   | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | .2              | $\mathcal{Y}$                     | Minus       | **   | 20   | =/               |  | X\$ 9   | =   |                        | OR  | X\$18=              |                        |
| AME  | Independent  | · _             | 5                                 | Minus       | 8181 |  | = /              |  | X39:  | -   |                        | OR  | X78=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |  |                 |                                   |             |      |  |                  |  |   | =   |                        | OR  | +260=               |                        |
| •  |  |                 |                                   |             |      |  |                  |  | TO1   |     |                        |     | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1) (Column 2) (Column 3)   |                 |                                   |             |      |  |                  |  |   |     |                        |     | ADDII. FEE          |                        |
| AMENDMENT B  |  | CL<br>REM       | AIMS<br>IAINING<br>FTER<br>NDMENT |             | Pf   | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  | RATE  | =   | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N   | Total  | ے ہ             | 22                                | Minus       | 44   | 20   |                  |  | X\$ 9:  | - T | ,                      | OR  | X\$18 <b></b>       | •                      |
| AME  | Independent  | •               | 3                                 | Minus       | ***  | <u> </u>                                   | =                |  | X39=  |     | 1                      | OR  | X78=                |                        |
|  | FIRST PRESE  | NTATIO          | ON OF MU                          | JLTIPLE DEF | ENC  | DENT CLAIM                                 |                  |  | +130  | _   | ·                      | OR  | +260=               |                        |
| •  |  |                 |                                   |             |      |  |                  |  | TOT<br>DDIT. F  |     |                        | OR  | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1) (Column 2) (Column 3)   |                 |                                   |             |      |  |                  |  |   |     |                        | •   |                     |                        |
| AMENDMENT C  | -  | REM<br>Al       | AIMS<br>AINING<br>FTER<br>NDMENT  |             | · Pf | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  | RATE  |     | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •               |                                   | Minus       | **   |  | =                |  | X\$ 9=  | .   |                        | OR  | X\$18=              |                        |
| AME  | Independent<br>FIRST PRESE   | *               | ON OF MI                          | Minus       | PENI |  | =                |  | X39=  | 1   |                        | OR  | X78=                |                        |
|  |  |                 |                                   | JETH LE DEF | CIAL | CITI OLANIA                                |                  |  | +130=   |     |                        | OB  | +260=               |                        |

TOTAL ADDIT. FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.